

DEPARTMENT OF BUSINESS AND INDUSTRY

MANUFACTURED HOUSING DIVISION

1830 E. College Pkwy, Suite 120 Carson City, NV 89706 (775) 684-2945 • Fax: (775) 684-2949 mhd.nv.gov

CHANGE OF PHYSICAL OR MAILING ADDRESS
CHANGE OF BUSINESS NAME
CHANGE OF LICENSEE NAME
REQUESTING A REPLACEMENT LICENSE

NAC 489.335 (4) If a licensee changes the address of his business, he shall submit to the Division a copy of the business license issued by the local government in which the business is located not more than 10 days after the local government issues the license. The business license must indicate the new address of the business.

- 1. Complete <u>all</u> portions of this document within 10 days of receiving the new local business license.
- 2. When changing the business name or address include a copy of the new local business license.

3. You are requ	ired to turn in the original MHD lid	cense and ID card when submitting this form. when submitting this application. CHECK #:		
PREVIOUS - Name and address as it now appears on your MHD license Name of Business:				
Name of Licensee:				
Physical Address: _				
Phone Number:				
<u>NEW</u>				
Physical Address: _				
Mailing Address:				
Date:	_MHD License #:	_ Business Phone:		
Email Address:		_ Cell Phone:		
Print name of licensee:				
Signature of licensee:				